

express mail - overnight

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

PAUL SHOMSHOR - 1490 ID

Political Party (if applicable)

DEMOCRAT

Office Sought

IOWA HOUSE

District (if Senate or House)

100

FORM
DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1490

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Paul Shomshor

SIGNATURE OF PERSON FILING REPORT

712-325-0638

TELEPHONE

07/19/2010

DATE SIGNED

I AM FILING A 7/14/2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

11,732.51

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

8,035.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

19,767.51

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

19,767.51

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

- 0 -

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

25.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

- 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

- 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
06/01/2010	ID# 6067 CK# 5019	IOWA HEALTH PAC 1775 90TH STREET WEST DES MOINES IA 50266		\$ 500.00	<input type="checkbox"/>
06/02/2010	ID# CK# 1359	MARK ANDERSON 320 OAK RIDGE VIEW CIRCLE COUNCIL BLUFFS IA 51503		250.00	<input type="checkbox"/>
06/02/2010	ID# CK# 2380	DIANE SEARCH 25374 230TH ST. UNDERWOOD UNDERWOOD IA 51576		25.00	<input type="checkbox"/>
06/02/2010	ID# CK# 4585	STEVEN ACKERSON 1634 NW 131ST ST. CLIVE IA 50325		100.00	<input type="checkbox"/>
06/16/2010	ID# CK# 2215	MANUFACTURED HOUSING PAC 1400 DEAN AVE. DES MOINES IA 50316		150.00	<input checked="" type="checkbox"/>
06/16/2010	ID# CK# 3779	THREASE HARMS 1908 79TH ST. WINDSOR HEIGHTS IA 50324		150.00	<input checked="" type="checkbox"/>
06/16/2010	ID# CK# 6832	JODI TOMLONOVIC 1345 - 40TH ST. DES MOINES IA 50311		25.00	<input checked="" type="checkbox"/>
06/16/2010	ID# CK# 2497	IOWA CABLE PAC 1211 VINCE ST. - SUITE 2110 WEST DES MOINES IA 50265		150.00	<input checked="" type="checkbox"/>
06/16/2010	ID# 6621 CK# 2537	CREDIT UNION PAC PO BOX 10409 DES MOINES IA 50306		3,000.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$4,350.00

TOTAL (if last page of this schedule)

\$

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Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

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06/16/2010	ID# 6058 CK# 4701	IOWA CHIROPRACTIC SOCIETY PAC 100 EAST GRAND - #240 DES MOINES IA 50309		\$ 100.00	<input checked="" type="checkbox"/>
06/16/2010	ID# CK# 7797	Pfizer PAC 735 EAST 42ND STREET NEW YORK NY 10017		250.00	<input checked="" type="checkbox"/>
06/21/2010	ID# CK# 1264	MEREDITH CORPORATION EMPLOYEES FUND DES MOINES IA 50319		200.00	<input checked="" type="checkbox"/>
06/25/2010	ID# CK# 5819	UNION PACIFIC FUND FOR CB 600 THIRTEENTH ST-NW-340 WASHINGTON DC 20005		250.00	<input type="checkbox"/>
06/30/2010	ID# CK# 3361	BARNY MURPHY 307 N. 11TH ST. DUNLAP IA 51529		25.00	<input type="checkbox"/>
07/06/2010	ID# CK# 7840	BOB WITTEBURG BOX 941 SPENCER IA 51301		100.00	<input checked="" type="checkbox"/>
07/08/2010	ID# CK# 6360	UNITED TRANSPORTATION UNION PAC NORTH OLINSTEAD 01144070		500.00	<input checked="" type="checkbox"/>
07/08/2010	ID# CK# 4581	KEN PETERSEN 242 WARREN COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/09/2010	ID# CK# 4016	TARA SLEVIN 1703 EASTWOOD LN COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/16/2010	ID# CK# 8414	SCOTT POLL 77 PELICAN COVE COUNCIL BLUFFS IA 51503		250.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1,725.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

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07/12/2010	ID# CK# 1067	TEAMSTERS LOCAL 554 DRIVE 4349 SOUTH 90TH STREET OMAHA NE 68127		\$ 250.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 1008	ED BRENNER 1232 FAIRMONT AVENUE COUNCIL BLUFFS IA 51503		15.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 3003	ED PODASIKY 1326 OAK PARK ROAD COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 1802	GAYLE MALMQUIST 7405 ELM DRIVE LA VISTA NE 68128		30.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 8294	STEVE HULTMAN 23207 POKAMOKI LN CRESCENT IA 51526		30.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 292	KORAN REYNOLDS 1404 SKYLINE DR COUNCIL BLUFFS IA 51503		20.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 2325	WALTER PAPER 838 TIMBERCREST DR COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 24633	ANN CARPENTER 33 INDIAN HILLS ROAD COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 13262	WILLIAM KEISTER 1235 WEDGEWOOD DRIVE COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 2339 2339	MORTHA HEITMAN 384 KEELING AVE COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$470.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SHANGHAI FOR IOWA HOUSE

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07/14/2010	ID# CK# 1692	KATHLEEN DENVERT 1516 SKYLINE DRIVE COUNCIL BLUFFS IA 51503		\$ 25.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 2179	DOROTHY DURAN 14 ELLIS CIRCLE COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 7504	DON KOHLER 124 ELMWOOD DR. COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 4809	JANNAE LARSEN 1300 ORANGE ROAD HARLAN IA 51537		50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 2771	STEVEN BARNERT 362 KENMORE COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 4888	SHARON WOOD 207 E FERNDALE COUNCIL BLUFFS IA 51503	AUNT	50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 1198	MIKE MORVIN 2520 SHARON DRIVE OMAHA NE 68112		50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 2165	RENCE COUGHLIN 24439 CHESTNUT RD COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 1320	LINDA STEENSLAND 14351 MONUMENT ROAD COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 6026	PHIL ARP 1510 McPHERSON AVE COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 450.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE
A
(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

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07/14/2010	ID# CK# 1505	JERRY KENNEDY 3023 AVE N COUNCIL BLUFFS IA 51501		\$ 100.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 1115	DAN KINNEY 2300B BRECKMAN'S RD COUNCIL BLUFFS IA 51503		100.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 2472	BARRE JOSE 1601 AVE D COUNCIL BLUFFS IA 51501		150.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 1576	GEORGE YODLE 2307 3RD AVE COUNCIL BLUFFS IA 51501		150.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 4266	TAMZ VANSANT 120 N. 127TH PL Z OMAHA NE 68154		250.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK# 4417	LUNDA NELSON 5306 HARRIDINGS LANDING ROAD COUNCIL BLUFFS IA 51501		250.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK#	UNTERMITTED- CASH		20.00	<input checked="" type="checkbox"/>
07/14/2010	ID# CK#	UNTERMITTED- CASH		20.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1040.00

TOTAL (if last page of this schedule)

\$ 8035.00

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHUMSHOR FOR IOWA HOUSE

Reset Form

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND-RAISER CONTRIBUTION
06/16/2010	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES 50010-1505 IA 50321		MAILING + POSTAGE FOR FUNDRAISER	\$ 25.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

25.00

TOTAL (if last

\$

page of this
schedule)

25.00

Page 1 of 1
(for Schedule E)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.